



CANNON BUILDING
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STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

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DELAWARE EXAMINING BOARD OF PHYSICAL THERAPISTS AND ATHLETIC TRAINERS

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION UNITS

PLEASE TYPE OR PRINT CLEARLY!

LICENSEE INFORMATION (if requesting course credit approval for individual)

Name: _____ License #: _____

Address: _____

_____ Phone (Daytime): (_____) _____

SPONSOR/PROVIDER INFORMATION

Sponsor: _____

Contact Person: _____

Address: _____

_____ Phone: (_____) _____ Fax: (_____) _____

Website: _____

Person(s) authorized to sign course completion certificates: _____

PROGRAM INFORMATION

Program Title: _____

Location: _____ Date(s): _____

Total Contact Hours Requested: _____

Attach documentation of course objectives, documentation of the presenters' credentials and detailed course schedule, showing breaks and meal periods. No credit is given for breaks and meals. For home study courses, attach an explanation of how you calculated the hours requested. State the number of pages of written material. If an audio/video tape(s) is included, state actual running time.

Proof of Course Completion: _____

For home study courses, state whether the sponsor collects a post-test.

DECISION (Board Use Only)

_____ Approved Total Contact Hours: _____ CEU: _____

For the Board: _____